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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

03RE145/YOD
REEL:0051

Total Pages

—

First Named Inventor or Application Identifier
Patrick S. Clare et al.

Express Mail Label No.

EL 982 236 115 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification
(preferred arrangement set forth below)

-Descriptive
-Cross References to Related Application
-Statement Regarding Fed sponsored R & D
-Reference to Microfiche Appendix
-Background of the Invention
-Brief Summary of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure

3. ☒ Drawing(s) (35 USC 113) Total Sheets 4
Total Pages 12

4. Oath or Declaration

- a. ☒ Newly executed (original or copy)
b. ☐ Copy from a prior application (37CFR 1.63(d))

(for continuation/divisional with Box 17 completed)
(Note Box 5 below)

- i. ☐ DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5. ☐ Incorporation By Reference (useable if Box 4b is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

- a. ☐ Computer Readable Copy
b. ☐ Paper Copy (identical to computer copy)
c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (where there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449
☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
14. ☐ Small Entity Statement filed in prior application
☐ Status still proper and desired
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Other

17. ☐ Continuation

☐ Divisional

18. CORRESPONDENCE ADDRESS

☒ Correspondence address below

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)


NAME Alexander M. Gerasimow
Allen-Bradley Company, LLC
ADDRESS 1201 South Second Street

CITY Milwaukee, STATE Wisconsin ZIP CODE 53204-2496
TELEPHONE (414) 382-5885 Fax (414) 382-3900
COUNTRY USA

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL		Complete if Known	
		Application Number	unassigned
		Filing Date	herewith
		First Named Inventor	Patrick S. Clare et al.
		Group Art Unit	unknown
		Examiner Name	unknown
TOTAL AMOUNT OF PAYMENT		(\$) 1,090.00	
		Attorney Docket Number	03RE145/YOD (REEL:0051)

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <u>01-0857/03RE145/YOD (REEL:0051)</u> Deposit Account Name <u>Rockwell Automation Technologies, LLC</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION (fees effective 10/01/96)</p> <p>1. 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SUBMITTED BY		Complete (if applicable)			
Typed or Printed Name	Ralph A. Graham	Reg. Number	47,607		
Signature		Date	September 30, 2003	Deposit Acct. User ID	01-0857/03RE145/YOD (REEL:0051)